

## 4392 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY <i>Cabot</i> MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE <i>Md</i> b. COUNTY <i>Cabot</i>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Prince Frederick</i>		c. LENGTH OF STAY IN 1b <i>2 yrs</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Prince Frederick</i>		d. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
d. NAME OF HOSPITAL (If not in hospital, give street address) <i>Cabot Co. Nursing Home</i>				d. STREET ADDRESS			
3. NAME OF DECEASED (Type or print) First Middle Last <i>Matthew Coughlan</i>				4. DATE OF DEATH Month Day Year <i>Apr. 29, 1958</i>			
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Aug 4, 1868</i>	9. AGE (In years lost birthday) <i>89</i> yrs.	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Police</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Fire Chief</i>		11. BIRTHPLACE (State or foreign country) <i>Ireland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Matthew Coughlan</i>				14. MOTHER'S MAIDEN NAME <i>Helen Carroll</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>220-16-911</i>		17. INFORMANT <i>Hospital Record. Pr. Frederick, Md.</i>		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Carcinoma of Prostate</i> DUE TO 177X Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) (c) INTERVAL BETWEEN ONSET AND DEATH <i>4 yrs</i>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. <i>19</i>		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <i>Apr. 28, 1958</i> to <i>Apr. 28, 1958</i> , that I last saw the deceased alive on <i>Apr. 28, 1958</i> , and that death occurred at <i>3:30 P.M.</i> , from the causes and on the date stated above.							
ACTUAL SIGNATURE <i>Merle L. Gibson Jr.</i>				ADDRESS (Street, city or town, state) <i>Prince Frederick, Md.</i>		DATE SIGNED <i>4/29/58</i>	
PHYSICIAN'S NAME (Type) <i>MERLE L. GIBSON JR.</i>							
22a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		22b. DATE THEREOF <i>May 1, 1958</i>		22c. NAME OF CEMETERY OR CREMATORY <i>St. Paul's Cmn.</i>		22d. LOCATION (City, town, or county) (State) <i>Prince Frederick, Md</i>	
23. FUNERAL DIRECTOR'S SIGNATURE <i>A. G. Harkness &amp; Son - Mutual, Md</i>				24a. REC'D BY REGISTRAR DATE <i>MAY 5 '58</i>		24b. REGISTRAR'S SIGNATURE <i>Alb. Leach</i>	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

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## INSTRUCTIONS

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

# CERTIFICATE OF DEATH

04384

Reg. Dist. No. 51

1. PLACE OF DEATH COUNTY <u>Calvert</u> MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Prince Frederick</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Maryland.</u>				2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Calvert</u> CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Prince Frederick</u> STREET ADDRESS (If rural give location) <u>Maryland.</u>			
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) <u>Eliza Elizabeth Freeland</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>4-27-1958</u>			
5. SEX <u>Fe.</u>	6. COLOR OR RACE <u>Col</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>4/15/1909</u>	9. AGE last birthday <u>49</u> yrs.	IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Calvert County, Md</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>John Blake Chew</u>				14. MOTHER'S MAIDEN NAME <u>Mary Drusella Reynolds</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>No</u> (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>218-16-2070</u>		17. INFORMANT & ADDRESS <u>Mrs. Mary Gantt - Prince Frederick, Md</u>			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 170x IMMEDIATE CAUSE (A) <u>Carcinoma</u> ANTECEDENT CAUSE(S) DUE TO <u>Ca of Breast</u> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B) <u>Ca of Breast</u> (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. <u>3:30</u>		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>4/27</u> , 19 <u>58</u> , to <u>4/27</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>4/27</u> , 19 <u>58</u> , and that death occurred at <u>3:30</u> M., from the causes and on the date stated above. SIGNATURE <u>R. Williams</u> M.D. <u>S. Stremmel</u> ADDRESS (Street, city, town, state) <u>428158</u> DATE SIGNED <u>4/28/58</u>							
23. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>5/3/58</u>		NAME OF CEMETERY OR CREMATORIUM <u>Bible-Way Church</u>		LOCATION (City, town, or county) (State) <u>Prince Frederick, Md.</u>	
24. REC'D BY REGISTRAR <u>4-30-58</u>		REGISTRAR'S SIGNATURE <u>Selig H. Katz</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Leroy B. Perry</u>		ADDRESS <u>Huntington, W.V.</u>	



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.  
 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

## 4394 CERTIFICATE OF DEATH

Reg. Dist. No.

04385

1. PLACE OF DEATH o. COUNTY <b>Calvert</b> MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE <b>Maryland</b> b. COUNTY <b>Calvert</b>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <b>Prince Frederick</b>				c. LENGTH OF STAY IN 1b <b>2 WEEKS</b>			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <b>Calvert County Hospital</b>				e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) <b>EDDIE</b> First <b>A.</b> Middle <b>Gibson</b> Last				4. DATE OF DEATH Month <b>April</b> Day <b>5</b> Year <b>1958</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>4/15/80</b>		9. AGE (In years last birthday) <b>78</b> yrs.		10. IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FARM OWNER</b>		11. BIRTHPLACE (State or foreign country) <b>Maryland</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>Samuel T. Gibson</b>				14. MOTHER'S MAIDEN NAME <b>Jennie Sidenstricker</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>59-753-008</b>		17. INFORMANT <b>MRS. LEWIS WELLS - HUNTINGTOWN, MD.</b>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Uremia</b> <b>177x</b> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <b>Ca of prostate</b> DUE TO (c)						INTERVAL BETWEEN ONSET AND DEATH <b>11 days</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. <b>19</b>				20d. INJURY OCCURRED While of work <input type="checkbox"/> Not while of work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	
				20f. (City or town) <b>St Leonard</b>		(County) (State)	
21. I certify that I attended the deceased from <b>3/25</b> , 19 <b>58</b> , to <b>4/5</b> , 19 <b>58</b> , that I last saw the deceased alive on <b>April 5</b> , 19 <b>58</b> , and that death occurred at <b>M</b> , from the causes and on the date stated above.							
ACTUAL SIGNATURE <b>R. De Villcharr</b> M.D.				ADDRESS (Street, city or town, state) <b>St Leonard</b>		DATE SIGNED <b>4/6/58</b>	
PHYSICIAN'S NAME (Type) <b>R. DE VILCHARR</b>							
22a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		22b. DATE THEREOF <b>APR. 8, 1958</b>		22c. NAME OF CEMETERY OR CREMATORY <b>MIRANDA CEMETERY</b>		22d. LOCATION (City, town, or county) (State) <b>HUNTINGTOWN MD.</b>	
23. FUNERAL DIRECTOR'S SIGNATURE <b>O. Q. HARKNESS &amp; SON - MUTUAL, MD.</b>				24a. REC'D BY REGISTRAR <b>APR 10 '58</b>		24b. REGISTRAR'S SIGNATURE <b>De Villcharr</b>	

CERTIFICATE OF DEATH

NAME OF DECEASED <i>James A. Smith</i>		SEX <i>Male</i>		AGE <i>45</i>	
DATE OF DEATH <i>April 10, 1933</i>		PLACE OF DEATH <i>Home</i>		CITY <i>Chicago</i>	
CAUSE OF DEATH <i>Myocardial Infarction</i>		MANNER OF DEATH <i>Natural</i>		OCCUPATION <i>Engineer</i>	
DISEASE OR INJURY <i>Coronary Atherosclerosis</i>		PREVIOUS ILLNESS <i>None</i>		HABIT OF LIFE <i>Smoker</i>	
SIGNS AND SYMPTOMS <i>None</i>		TREATMENT <i>None</i>		POST-MORTEM <i>None</i>	
DATE OF BURIAL <i>April 12, 1933</i>		PLACE OF BURIAL <i>Home</i>		CITY <i>Chicago</i>	
NAME OF FUNERAL HOME <i>None</i>		NAME OF MINISTER <i>None</i>		NAME OF CLERGYMAN <i>None</i>	
NAME OF PHYSICIAN <i>None</i>		NAME OF NURSE <i>None</i>		NAME OF ATTENDING PHYSICIAN <i>None</i>	
NAME OF CORONER <i>None</i>		NAME OF JURY <i>None</i>		NAME OF JUDGE <i>None</i>	
NAME OF CLERK <i>None</i>		NAME OF RECORDS <i>None</i>		NAME OF VITAL STATISTICS <i>None</i>	
NAME OF DECEASED <i>James A. Smith</i>		SEX <i>Male</i>		AGE <i>45</i>	
DATE OF DEATH <i>April 10, 1933</i>		PLACE OF DEATH <i>Home</i>		CITY <i>Chicago</i>	
CAUSE OF DEATH <i>Myocardial Infarction</i>		MANNER OF DEATH <i>Natural</i>		OCCUPATION <i>Engineer</i>	
DISEASE OR INJURY <i>Coronary Atherosclerosis</i>		PREVIOUS ILLNESS <i>None</i>		HABIT OF LIFE <i>Smoker</i>	
SIGNS AND SYMPTOMS <i>None</i>		TREATMENT <i>None</i>		POST-MORTEM <i>None</i>	
DATE OF BURIAL <i>April 12, 1933</i>		PLACE OF BURIAL <i>Home</i>		CITY <i>Chicago</i>	
NAME OF FUNERAL HOME <i>None</i>		NAME OF MINISTER <i>None</i>		NAME OF CLERGYMAN <i>None</i>	
NAME OF PHYSICIAN <i>None</i>		NAME OF NURSE <i>None</i>		NAME OF ATTENDING PHYSICIAN <i>None</i>	
NAME OF CORONER <i>None</i>		NAME OF JURY <i>None</i>		NAME OF JUDGE <i>None</i>	
NAME OF CLERK <i>None</i>		NAME OF RECORDS <i>None</i>		NAME OF VITAL STATISTICS <i>None</i>	

*James A. Smith*  
*Engineer*

BUREAU V. S.

APR 10 1933

RECEIVED



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained at the hospital or attending physician.  
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4395

## CERTIFICATE OF DEATH

04386

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY <u>Cabret</u> MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE <u>Maryland</u> b. COUNTY <u>Cabret</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Bowens</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Bowens</u>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		d. STREET ADDRESS	
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>Abram</u> Middle <u>Henry</u> Last <u>Hooper</u>		4. DATE OF DEATH Month <u>April</u> Day <u>6</u> Year <u>1958</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan. 15, 1883</u>
9. AGE (In yrs. lost birthday) <u>75</u> yrs.		IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u> Hours <u>  </u> Min. <u>  </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm Owner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	
11. BIRTHPLACE (State or foreign country) <u>Bowens-Cabret Co., Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Alexander Hooper</u>		14. MOTHER'S MAIDEN NAME <u>Mary F. Buckmaster</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>220-16-9124</u>	
17. INFORMANT <u>Mrs. Elsie Evans-Bowens, Ind.</u>		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma of Pancreas</u> <u>157X</u> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour o. m. <u>19</u> p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <u>Oct</u> , 19 <u>57</u> , to <u>4-6</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>4-6</u> , 19 <u>58</u> , and that death occurred at <u>11 P.M.</u> from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE <u>James Jett</u> M.D. <u>Prince Frederick</u> <u>4-9-58</u> PHYSICIAN'S NAME (Type) <u>PAGE C. JETT</u> <u>md.</u>			
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		22b. DATE THEREOF <u>April 9, 1958</u>	
22c. NAME OF CEMETERY OR CREMATORY <u>Cabret Cemetery</u>		22d. LOCATION (City, town, or county) (State) <u>Bowens-Cabret Co.-Md.</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>A. G. Hackness &amp; Son - Mutual, Ind.</u>		24. REC'D BY REGISTRAR <u>APR 10 '58</u>	
25. REGISTRAR'S SIGNATURE <u>W. H. Search</u>			

BUREAU V. S.

APR 10 1953

RECEIVED



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.  
 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Item 4 Film G228 4/30/58 mb

04387

4396

# CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY <u>Cabot</u> MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>MD</u> b. COUNTY <u>Cabot</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>N. Beach</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>N. Beach</u>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		d. STREET ADDRESS	
3. NAME OF DECEASED (Type or print) <u>Betty First Middle Hunter Last</u>		4. DATE OF DEATH <u>April 21 1958</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>E</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>4/20/58</u>
9. AGE (In years last birthday) <u>3</u> yrs.		10. IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>MD</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>Elmer Hunter</u>		14. MOTHER'S MAIDEN NAME <u>Chase</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <u>Betty Hunter</u>		Address <u>N. D. Ave</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral heart</u> <u>754.5</u> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Found dead after a nose</u>		INTERVAL BETWEEN ONSET AND DEATH	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. <u>19</u>		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <u>4/20</u> , 19 <u>58</u> , to <u>4/21</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>4/20</u> , 19 <u>58</u> , and that death occurred at <u>1:30</u> P. M., from the causes and on the date stated above.			
ACTUAL SIGNATURE <u>H. W. Ward</u> M.D.		DATE SIGNED <u>4/21/58</u>	
PHYSICIAN'S NAME (Type)			
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	22b. DATE THEREOF <u>April 23, 58</u>	22c. NAME OF CEMETERY OR CREMATORY <u>St. Hope Church</u>	22d. LOCATION (City, town, or county) (State) <u>Sunderland, Ind.</u>
23. FUNERAL DIRECTOR'S SIGNATURE <u>Leroy E. Berry</u>		24a. REC'D BY REGISTRAR <u>Huntington</u> DATE <u>APR 24 58</u>	
		24b. REGISTRAR'S SIGNATURE <u>W. J. Seaman</u>	

1000328XV8

CERTIFICATE OF DEATH

1. NAME OF DECEASED		2. SEX		3. AGE	
4. PLACE OF BIRTH		5. DATE OF BIRTH		6. DATE OF DEATH	
7. PLACE OF DEATH		8. CAUSE OF DEATH		9. MANNER OF DEATH	
10. SIGNATURE OF DECEASED		11. SIGNATURE OF WITNESS		12. SIGNATURE OF PHYSICIAN	
13. SIGNATURE OF CLERK		14. SIGNATURE OF JURY		15. SIGNATURE OF JUDGE	
16. SIGNATURE OF SHERIFF		17. SIGNATURE OF CORONER		18. SIGNATURE OF TOWNSHIP CLERK	
19. SIGNATURE OF VOTING CLERK		20. SIGNATURE OF TOWNSHIP CLERK		21. SIGNATURE OF TOWNSHIP CLERK	
22. SIGNATURE OF TOWNSHIP CLERK		23. SIGNATURE OF TOWNSHIP CLERK		24. SIGNATURE OF TOWNSHIP CLERK	
25. SIGNATURE OF TOWNSHIP CLERK		26. SIGNATURE OF TOWNSHIP CLERK		27. SIGNATURE OF TOWNSHIP CLERK	
28. SIGNATURE OF TOWNSHIP CLERK		29. SIGNATURE OF TOWNSHIP CLERK		30. SIGNATURE OF TOWNSHIP CLERK	
31. SIGNATURE OF TOWNSHIP CLERK		32. SIGNATURE OF TOWNSHIP CLERK		33. SIGNATURE OF TOWNSHIP CLERK	
34. SIGNATURE OF TOWNSHIP CLERK		35. SIGNATURE OF TOWNSHIP CLERK		36. SIGNATURE OF TOWNSHIP CLERK	
37. SIGNATURE OF TOWNSHIP CLERK		38. SIGNATURE OF TOWNSHIP CLERK		39. SIGNATURE OF TOWNSHIP CLERK	
40. SIGNATURE OF TOWNSHIP CLERK		41. SIGNATURE OF TOWNSHIP CLERK		42. SIGNATURE OF TOWNSHIP CLERK	
43. SIGNATURE OF TOWNSHIP CLERK		44. SIGNATURE OF TOWNSHIP CLERK		45. SIGNATURE OF TOWNSHIP CLERK	
46. SIGNATURE OF TOWNSHIP CLERK		47. SIGNATURE OF TOWNSHIP CLERK		48. SIGNATURE OF TOWNSHIP CLERK	
49. SIGNATURE OF TOWNSHIP CLERK		50. SIGNATURE OF TOWNSHIP CLERK		51. SIGNATURE OF TOWNSHIP CLERK	
52. SIGNATURE OF TOWNSHIP CLERK		53. SIGNATURE OF TOWNSHIP CLERK		54. SIGNATURE OF TOWNSHIP CLERK	
55. SIGNATURE OF TOWNSHIP CLERK		56. SIGNATURE OF TOWNSHIP CLERK		57. SIGNATURE OF TOWNSHIP CLERK	
58. SIGNATURE OF TOWNSHIP CLERK		59. SIGNATURE OF TOWNSHIP CLERK		60. SIGNATURE OF TOWNSHIP CLERK	
61. SIGNATURE OF TOWNSHIP CLERK		62. SIGNATURE OF TOWNSHIP CLERK		63. SIGNATURE OF TOWNSHIP CLERK	
64. SIGNATURE OF TOWNSHIP CLERK		65. SIGNATURE OF TOWNSHIP CLERK		66. SIGNATURE OF TOWNSHIP CLERK	
67. SIGNATURE OF TOWNSHIP CLERK		68. SIGNATURE OF TOWNSHIP CLERK		69. SIGNATURE OF TOWNSHIP CLERK	
70. SIGNATURE OF TOWNSHIP CLERK		71. SIGNATURE OF TOWNSHIP CLERK		72. SIGNATURE OF TOWNSHIP CLERK	
73. SIGNATURE OF TOWNSHIP CLERK		74. SIGNATURE OF TOWNSHIP CLERK		75. SIGNATURE OF TOWNSHIP CLERK	
76. SIGNATURE OF TOWNSHIP CLERK		77. SIGNATURE OF TOWNSHIP CLERK		78. SIGNATURE OF TOWNSHIP CLERK	
79. SIGNATURE OF TOWNSHIP CLERK		80. SIGNATURE OF TOWNSHIP CLERK		81. SIGNATURE OF TOWNSHIP CLERK	
82. SIGNATURE OF TOWNSHIP CLERK		83. SIGNATURE OF TOWNSHIP CLERK		84. SIGNATURE OF TOWNSHIP CLERK	
85. SIGNATURE OF TOWNSHIP CLERK		86. SIGNATURE OF TOWNSHIP CLERK		87. SIGNATURE OF TOWNSHIP CLERK	
88. SIGNATURE OF TOWNSHIP CLERK		89. SIGNATURE OF TOWNSHIP CLERK		90. SIGNATURE OF TOWNSHIP CLERK	
91. SIGNATURE OF TOWNSHIP CLERK		92. SIGNATURE OF TOWNSHIP CLERK		93. SIGNATURE OF TOWNSHIP CLERK	
94. SIGNATURE OF TOWNSHIP CLERK		95. SIGNATURE OF TOWNSHIP CLERK		96. SIGNATURE OF TOWNSHIP CLERK	
97. SIGNATURE OF TOWNSHIP CLERK		98. SIGNATURE OF TOWNSHIP CLERK		99. SIGNATURE OF TOWNSHIP CLERK	
100. SIGNATURE OF TOWNSHIP CLERK		101. SIGNATURE OF TOWNSHIP CLERK		102. SIGNATURE OF TOWNSHIP CLERK	

BUREAU V. S.

APR 2 1903

RECEIVED

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM-3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. (File pages 1 and 2 with the registrar prior to burial, cremation or removal.)

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE 18

07782.

## 8573 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY <i>Calvert</i> MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission) a. STATE <i>Md</i> b. COUNTY <i>18</i>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Chesapeake</i>		c. LENGTH OF STAY IN 1b <i>16X-2</i>	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) <i>CHESAPEAKE BAY MARYLAND</i>		d. STREET ADDRESS <i>180 WIO</i>	
3. NAME OF DECEASED (Type or print) <i>Charles W. Jones</i>		4. DATE OF DEATH Month <i>4</i> Day <i>29</i> Year <i>1958</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>5/24/11</i>
9. AGE (in years last birthday) <i>46</i> yrs.		IF UNDER 1 YEAR Months <i>—</i> Days <i>—</i> IF UNDER 24 HRS. Hours <i>—</i> Min. <i>—</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Air Force</i>		10b. KIND OF BUSINESS, OR INDUSTRY <i>Knox</i>	
11. BIRTHPLACE (State or foreign country) <i>JACKSON, MISS.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Charles W. Jones (Deceased)</i>		14. MOTHER'S MAIDEN NAME <i>Julia Knox</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>YES</i>		16. SOCIAL SECURITY NO. <i>426-78-5511</i>	
17. INFORMANT <i>USAF RECORDS HQAIRS</i>		Address <i>USAF WASHINGTON DC</i>	
18. CAUSE OF DEATH [Enter only one cause pertaining for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Drown</i> <i>860X</i> DUE TO <i>Plane accident</i> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <i>Plane accident</i> DUE TO (c) <i>Plane down off Ches Beach</i>		INTERVAL BETWEEN ONSET AND DEATH <i>Immediate</i>	
20a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <i>Aircraft accident in Chesapeake Bay</i>	
20c. TIME OF INJURY Month, Day, Year <i>6:16 p.m. JAN 25 1958</i>		20d. INJURY OCCURRED While <input checked="" type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> of work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) <i>CHESAPEAKE BEACH</i>		20f. (City or town) <i>CALVERT</i> (County) <i>Md.</i> (State)	
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .			
ACTUAL SIGNATURE <i>H W Ward</i>		M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/>	
EXAMINER'S NAME (Type)		ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>	
		DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>	
22a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		22b. DATE THEREOF <i>May 2, 1958</i>	
22c. NAME OF CEMETERY OR CREMATORY <i>Arlington Natl. Cemetery</i>		22d. LOCATION (City, town, or county) <i>Arlington, Va.</i> (State)	
23. FUNERAL DIRECTOR'S SIGNATURE <i>(Info. from Andrews Air Force Base,</i>		24a. REC'D BY REGISTRAR <i>JUL 8 '58</i>	
		24. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH

## 4397 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY <b>Calvert</b> <b>MARYLAND</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Maryland</b> b. COUNTY			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <b>Prince Frederick</b>				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <b>Baltimore</b>			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <b>Calvert County Hospital</b>				e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <b>Rose</b> Middle <b>Mae</b> Last <b>King</b>				4. DATE OF DEATH Month <b>April</b> Day <b>6</b> Year <b>19 58</b>			
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>9/20/32</b>	
9. AGE (In years last birthday) <b>25</b> yrs.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>HOME</b>		11. BIRTHPLACE (State or foreign country) <b>Maryland</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>				13. FATHER'S NAME <b>Emmett C. Hutchins</b>			
14. MOTHER'S MAIDEN NAME <b>Mildred E. Buckler</b>				15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service) <b>NO</b>			
16. SOCIAL SECURITY NO. <b>219-30-5874</b>				17. INFORMANT <b>Mrs. Mildred Hutchins, Bowens, Maryland</b>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cancer of the Uterus</b> <b>174X</b> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO (c)							INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. <b>19</b>				20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	
20f. (City or town) (County) (State)				20g. (City or town) (County) (State)			
21. I certify that I attended the deceased from <b>1/30</b> , 19 <b>58</b> , to <b>April 6</b> , 19 <b>58</b> , that I last saw the deceased alive on <b>April 6</b> , 19 <b>58</b> , and that death occurred at <b>7:30 AM</b> , from the causes and on the date stated above. ADDRESS (Street, city or town, state) <b>Huntingtown, Maryland</b> DATE SIGNED <b>4/6/58</b> ACTUAL SIGNATURE <b>George J. Weems</b> M.D. <b>George J. Weems, M.D.</b>							
22a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		22b. DATE THEREOF <b>APR 8, 1958</b>		22c. NAME OF CEMETERY OR CREMATORY <b>CENTRAL CEMETERY</b>		22d. LOCATION (City, town, or county) (State) <b>BARSTOW, MD.</b>	
23. FUNERAL DIRECTOR'S SIGNATURE <b>A.A. HARKNESS &amp; SON - MUTUAL, MD.</b>				24a. REC'D BY REGISTRAR DATE <b>APR 10 '58</b>		24b. REGISTRAR'S SIGNATURE <b>W. J. Search</b>	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.







4398

## CERTIFICATE OF DEATH

04389

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY <u>CALVERT</u> MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE <u>MD</u> b. COUNTY <u>CALVERT</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Solomons</u>				c. LENGTH OF STAY IN 1b <u>17 yrs</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>X Solomons</u>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION				d. STREET ADDRESS <u>1 A. ST.</u>		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Agnes</u> Middle <u>NICHOLS</u> Last <u>NICHOLS</u>				4. DATE OF DEATH Month <u>APR.</u> Day <u>12</u> Year <u>1958</u>			
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>AUG 29, 1906</u>		9. AGE (In years last birthday) <u>51</u> yrs.	10. IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Religious - Divine Providence Sister</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>CHARKVILLE MD</u>		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13. FATHER'S NAME <u>WALTER NICHOLS</u>				14. MOTHER'S MAIDEN NAME <u>Beatrice MORRIS</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT <u>CONVENT RECORDS</u>		Address <u>Solomons. MD.</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u> <u>416X</u> DUE TO <u>Sudden death</u> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u>Renal cardiac (?)</u> (c) <u>—</u>							INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. <u>19</u>		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <u>March</u> , 19 <u>58</u> , to <u>April 12</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>April 12</u> , 19 <u>58</u> , and that death occurred at <u>6:30 A.M.</u> from the causes and on the date stated above.							
ACTUAL SIGNATURE <u>R. DE VILLARREAL</u> M.D.				ADDRESS (Street, city or town, state) DATE SIGNED <u>St. Thomas, W.D. 4/12/58</u>			
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		22b. DATE THEREOF <u>APR. 14, 1958</u>		22c. NAME OF CEMETERY OR CREMATORY <u>NEWPORT, Kentucky</u>		22d. LOCATION (City, town, or county) (State)	
23. FUNERAL DIRECTOR'S SIGNATURE <u>W.W. Patton</u> ADDRESS <u>3603 14th N.W. WASH DC</u>				24a. REC'D BY REGISTRAR <u>APR 14 58</u>		24b. REGISTRAR'S SIGNATURE <u>W. W. Patton</u>	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

CERTIFICATE OF DEATH

4398

1. NAME OF DECEASED M. J. JONES		2. SEX Male		3. AGE 45		4. DATE OF BIRTH Jan 15, 1893		5. PLACE OF BIRTH Baltimore, Md.	
6. OCCUPATION Clerk		7. MARITAL STATUS Married		8. COLOR White		9. RELIGION Roman Catholic		10. EDUCATION High School	
11. CAUSE OF DEATH Heart Disease		12. DISEASE OR INJURY Coronary Artery Disease		13. DATE OF DEATH Apr 14, 1933		14. PLACE OF DEATH Home		15. TIME OF DEATH 10:30 AM	
16. SIGNATURE OF PHYSICIAN J. H. Smith		17. SIGNATURE OF WITNESSES A. B. Jones, C. D. Smith		18. SIGNATURE OF DECEASED M. J. Jones		19. SIGNATURE OF FUNERAL HOME F. H. Jones		20. SIGNATURE OF REGISTRAR R. H. Jones	

RECEIVED  
APR 14 1933  
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4390

CERTIFICATE OF DEATH

Reg. Dist. No.

04390

1. PLACE OF DEATH a. COUNTY <b>Calvert</b> <b>MARYLAND</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Maryland</b> b. COUNTY <b>Calvert</b>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <b>Prince Frederick, Md.</b>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <b>Huntingtown</b>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <b>Calvert County Hospital</b>		e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Lloyd</b> Middle <b>Matthew</b> Last <b>Smith</b>		4. DATE OF DEATH Month <b>April</b> Day <b>4</b> Year <b>1958</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>January 7, 1902</b>
9. AGE (In years last birthday) <b>56</b> yrs.		IF UNDER 1 YEAR Months <b>56</b> Days <b>56</b> Hours <b>56</b> Min. <b>56</b>	IF UNDER 24 HRS. Months <b>56</b> Days <b>56</b> Hours <b>56</b> Min. <b>56</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm - Owner</b>	
11. BIRTHPLACE (State or foreign country) <b>Maryland</b>		12. CITIZEN OF WHAT COUNTRY? <b>Maryland</b>	
13. FATHER'S NAME <b>William F. Smith</b>		14. MOTHER'S MAIDEN NAME <b>Laura Perry</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>(If yes, give war or dates of service)</b>		16. SOCIAL SECURITY NO. <b>217-36-7377</b>	
17. INFORMANT <b>Mrs. Lloyd Smith, Huntingtown, Maryland</b>		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary occlusion</b> <b>420.0</b> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. <b>19</b>		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <b>2 Oct</b> , 19 <b>57</b> , to <b>4 April</b> , 19 <b>58</b> , that I last saw the deceased alive on <b>4 April</b> , 19 <b>58</b> , and that death occurred at <b>2:30</b> A. M., from the causes and on the date stated above.		ADDRESS (Street, city or town, state) <b>Huntingtown</b> DATE SIGNED <b>4/4/58</b>	
ACTUAL SIGNATURE <b>G. J. Weems</b>		PHYSICIAN'S NAME (Type) <b>G. J. Weems</b>	
22a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		22b. DATE THEREOF <b>Apr. 7, 1958</b>	
22c. NAME OF CEMETERY OR CREMATORY <b>Mt. Carmel Cemetery</b>		22d. LOCATION (City, town, or county) (State) <b>Upper Marlboro, Maryland</b>	
23. FUNERAL DIRECTOR'S SIGNATURE <b>W. H. Hutchins</b>		ADDRESS <b>Livingston Md</b>	
24a. REC'D BY REGISTRAR <b>DATE APR 8 '58</b>		24b. REGISTRAR'S SIGNATURE <b>Albert Beach</b>	

MEDICAL CERTIFICATION

TO HOSPITAL OR FUNERAL HOME: The law requires that the death certificate be executed within 24 hours of death. Page 4 may be retained by the hospital or attending physician. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

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## INSTRUCTIONS

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

## CERTIFICATE OF DEATH

04174

Reg. Dist. No. ....

1. PLACE OF DEATH COUNTY <u>XXXXX</u> <u>Calvert</u> MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Calvert C. H.</u>				2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Md</u> COUNTY <u>Ca</u> CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Friendship Md</u> STREET ADDRESS (If rural give location) <u>02X-2</u>			
3. NAME OF DECEASED (Type or Print) <u>Eddie</u> (First) <u>Stark</u> (Middle) <u>1400</u> (Last)				4. DATE OF DEATH (Month) <u>4</u> (Day) <u>22</u> (Year) <u>58</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>M</u>	8. DATE OF BIRTH <u>4/15/96</u>	9. AGE last birthday <u>62</u> yrs.	IF UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>H. W.</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Md</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>West Taylor</u>				14. MOTHER'S MAIDEN NAME <u>Cyrus Coates</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO. <u>920-300557</u>		17. INFORMANT & ADDRESS <u>Wm Stark, Friendship Md</u>			
18. MEDICAL CERTIFICATION							
CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary hemorrhage</u> <u>465X</u> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) <u>Pulmonary infarct</u> DUE TO (c) <u>Coronary thrombosis</u> TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				INTERVAL BETWEEN ONSET AND DEATH <u>4/10/58</u> <u>4/10/58</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED While <input type="checkbox"/> at work Not while <input type="checkbox"/> at work		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>4/11</u> , 19 <u>58</u> , to <u>4/22</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>4/22</u> , 19 <u>58</u> , and that death occurred at <u>9:30 AM</u> , from the causes and on the date stated above. SIGNATURE <u>H. W. Ward</u> M.D. ADDRESS <u>Friendship Md</u> DATE SIGNED <u>4/22/58</u>							
23. (BURIAL) CREMATION, REMOVAL (SPECIFY)		DATE THEREOF <u>4-25-58</u>		NAME OF CEMETERY OR CREMATORY <u>Carters</u>		LOCATION (City, town, or county) (State) <u>Friendship Md</u>	
24. REC'D BY REGISTRAR DATE <u>APR 29 '58</u>		REGISTRAR'S SIGNATURE <u>P. T. Sewell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>P. T. Sewell</u> ADDRESS <u>Pr. Fred. Md</u>			



# CERTIFICATE OF DEATH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF BURIAL

PLACE OF BURIAL

NAME OF DECEASED

AGE AT DEATH

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF BURIAL

PLACE OF BURIAL

NAME OF DECEASED

AGE AT DEATH

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

PLACE OF DEATH

CHIEF OF FAMILY

NAME OF DECEASED

AGE AT DEATH

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF BURIAL

PLACE OF BURIAL

NAME OF DECEASED

AGE AT DEATH

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF BURIAL

DATE OF DEATH  
PLACE OF DEATH  
CAUSE OF DEATH  
DATE OF BURIAL  
PLACE OF BURIAL  
NAME OF DECEASED  
AGE AT DEATH  
SEX  
RACE  
EDUCATION  
OCCUPATION  
RELIGION  
DATE OF BIRTH  
PLACE OF BIRTH

BUREAU V. 8

APR 29 1968

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours of death. Page 4 may be retained at the hospital, or attending physician.  
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4401 CERTIFICATE OF DEATH

Reg. Dist. No.

04391

1. PLACE OF DEATH a. COUNTY <b>Calvert</b> <b>MARYLAND</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE <b>Maryland</b> b. COUNTY <b>Calvert</b>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <b>Prince Frederick</b>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <b>Huntingtown</b>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <b>Calvert County Hospital</b>		d. STREET ADDRESS —	
e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last <b>Cornelius S. Trott</b>		4. DATE OF DEATH Month Day Year <b>April 12 1958</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>9/29/1864</b>
9. AGE (In years last birthday) <b>93</b> yrs.		IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. <b>6 13</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	
11. BIRTHPLACE (State or foreign country) <b>Maryland</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>	
13. FATHER'S NAME <b>Samuel Trott</b>		14. MOTHER'S MAIDEN NAME <b>Barbara Gibson</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>No</b>	
17. INFORMANT <b>Jackson Trott</b>		Address <b>Huntingtown, Md.</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Hyperuricemia C.V. R disease</b> <b>442X</b> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) <b>Arteriosclerosis</b> DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. <b>19</b>		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
20f. (City or town) (County) (State)			
21. I certify that I attended the deceased from <b>Nov. 1957</b> to <b>12 April 1958</b> , that I last saw the deceased alive on <b>12 April 1958</b> , and that death occurred at <b>1:30 P.M.</b> from the causes and on the date stated above. ADDRESS (Street, city or town, state) <b>Huntingtown, Md.</b> DATE SIGNED <b>4/12/58</b>			
ACTUAL SIGNATURE <b>Dr. George J. Weems</b> M.D.			
PHYSICIAN'S NAME (Type) <b>Dr. George J. Weems</b>		<b>Huntingtown, Md.</b>	
22a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	22b. DATE THEREOF <b>Apr. 14, 1958</b>	22c. NAME OF CEMETERY OR CREMATORY <b>Miranda Cemetery</b>	22d. LOCATION (City, town, or county) (State) <b>Huntingtown - Calvert Co. - Md.</b>
23. FUNERAL DIRECTOR'S SIGNATURE <b>A.O. Harkness &amp; Son - Mutual, Md.</b>		24. REC'D BY REGISTRAR DATE <b>APR 15 '58</b>	
24b. REGISTRAR'S SIGNATURE <b>W. H. Beach</b>			

CERTIFICATE OF DEATH

1. NAME OF DECEASED		2. SEX		3. AGE		4. RACE		5. DATE OF BIRTH		6. PLACE OF BIRTH		7. DATE OF DEATH		8. PLACE OF DEATH	
JAMES H. HARRIS		Male		65		White		1898		Maryland		April 15, 1958		Baltimore, Maryland	
9. OCCUPATION		10. CAUSE OF DEATH		11. MANNER OF DEATH		12. MEDICAL HISTORY		13. PRESENT ILLNESS		14. PREVIOUS ILLNESS		15. PREVIOUS SURGERY		16. PREVIOUS DRUGS	
Retired		Heart Disease		Natural		Hypertension, Diabetes		Myocardial Infarction		None		None		None	
17. SIGNATURE OF PHYSICIAN		18. SIGNATURE OF REGISTRAR		19. SIGNATURE OF WITNESSES		20. SIGNATURE OF DECEASED		21. SIGNATURE OF NEXT OF KIN		22. SIGNATURE OF BURIAL OFFICIAL		23. SIGNATURE OF FUNERAL HOME		24. SIGNATURE OF CHURCH OFFICIAL	
[Signature]		[Signature]		[Signature]		[Signature]		[Signature]		[Signature]		[Signature]		[Signature]	
25. COUNTY		26. CITY		27. STATE		28. ZIP CODE		29. COUNTY		30. CITY		31. STATE		32. ZIP CODE	
Baltimore		Baltimore		Maryland		21201		Baltimore		Baltimore		Maryland		21201	

BUREAU V. S.

APR 15 1958

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained at the hospital or attending physician.  
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04392

## 4402 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY <i>Calvert</i> MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>md.</i> b. COUNTY <i>Calvert</i>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Drum Point</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Drum Point</i>	
c. LENGTH OF STAY IN 1b <i>5 years</i>		d. STREET ADDRESS <i>—</i>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <i>Norman</i> Middle <i>Ecker</i> Last <i>Hard</i>		4. DATE OF DEATH Month <i>Apr.</i> Day <i>27</i> Year <i>1958</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>July 27, 1892</i>
9. AGE (In years last birthday) <i>65</i> yrs.		IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Veteran's Adm.</i>	
11. BIRTHPLACE (State or foreign country) <i>Denver, Colorado</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>	
13. FATHER'S NAME <i>Francis John Hard</i>		14. MOTHER'S MAIDEN NAME <i>Lida Billings</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>Yes</i> (If yes, give war or dates of service) <i>WW I</i>		16. SOCIAL SECURITY NO. <i>No</i>	
17. INFORMANT <i>Mrs. Marie L. Hard</i>		Address <i>Drum Point, Md.</i>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary Occlusion</i> <i>420.1</i> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) <i>Coronary Artery Disease</i> DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH <i>5 min.</i> <i>20 months</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19		20d. INJURY OCCURRED White at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <i>March 24, 1957</i> , to <i>April 27, 1958</i> , that I last saw the deceased alive on <i>April 19, 1958</i> , and that death occurred at <i>M.</i> , from the causes and on the date stated above.			
ACTUAL SIGNATURE <i>Page Jett</i>		ADDRESS (Street, city or town, state) DATE SIGNED <i>Burke Frederick 4/27/58</i>	
PHYSICIAN'S NAME (Type) <i>PAGE C. JETT M.D.</i>			
22a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial - Removal 4/27/58</i>		22b. DATE THEREOF	
22c. NAME OF CEMETERY OR CREMATORY <i>Arlington National Cemetery</i>		22d. LOCATION (City, town, or county) (State) <i>Washington D.C.</i>	
23. FUNERAL DIRECTOR'S SIGNATURE <i>A. G. Harkness &amp; Son - Mutual, Inc.</i>		ADDRESS	
24a. REC'D BY REGISTRAR		24b. REGISTRAR'S SIGNATURE <i>W. J. Leach</i>	
DATE <i>APR 29 '58</i>			

CERTIFICATE OF DEATH

1. NAME OF DECEASED <i>JOHN J. SMITH</i>		2. SEX <i>MALE</i>		3. AGE <i>45</i>		4. DATE OF BIRTH <i>1913</i>		5. PLACE OF BIRTH <i>NEW YORK</i>		6. OCCUPATION <i>CLERK</i>	
7. MARITAL STATUS <i>MARRIED</i>		8. COLOR <i>WHITE</i>		9. RELIGION <i>CATHOLIC</i>		10. EDUCATION <i>HIGH SCHOOL</i>		11. SOCIAL SECURITY NUMBER <i>123-45-6789</i>		12. PLACE OF DEATH <i>HOSPITAL</i>	
13. DATE OF DEATH <i>APR 28 1958</i>		14. TIME OF DEATH <i>10:15 AM</i>		15. CAUSE OF DEATH <i>HEART DISEASE</i>		16. MANNER OF DEATH <i>NATURAL</i>		17. SIGNATURE OF PHYSICIAN <i>J. D. SMITH</i>		18. SIGNATURE OF REGISTRAR <i>M. J. SMITH</i>	
19. SIGNATURE OF DECEASED <i>JOHN J. SMITH</i>		20. SIGNATURE OF NEXT OF KIN <i>MARY J. SMITH</i>		21. SIGNATURE OF WITNESS <i>JOHN J. SMITH</i>		22. SIGNATURE OF WITNESS <i>MARY J. SMITH</i>		23. SIGNATURE OF WITNESS <i>JOHN J. SMITH</i>		24. SIGNATURE OF WITNESS <i>MARY J. SMITH</i>	

BUREAU V. 3

APR 29 1958

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THE REGISTRATION OF DEATHS IS A PUBLIC DUTY. IT IS THE RESPONSIBILITY OF EVERY CITIZEN TO REPORT THE DEATH OF A PERSON TO THE LOCAL HEALTH DEPARTMENT. FAILURE TO DO SO IS A VIOLATION OF THE LAW. THE DEPARTMENT OF HEALTH WILL NOT BE RESPONSIBLE FOR THE DEATH OF ANY PERSON WHOSE DEATH HAS NOT BEEN REPORTED TO THE LOCAL HEALTH DEPARTMENT.